

STATE OF NEW JERSEY

B0006758244

NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Cheryl M. Mack		STATE FILE NUMBER 20130057058	
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)			
2. Sex Female			
3. Social Security Number 171-44-9380		4a. Age 51 Years	
5. Date of Birth (Mo/Day/Yr) 11/24/1961			
6. Birthplace (City & State/Foreign Country) Camden, New Jersey			
7a. Residence State New Jersey		7b. County Burlington	
7c. Municipality/City Delran Township		7d. LIMB ONLY <input type="checkbox"/>	
8a. Street and Number 42 Amherstfield Drive		7e. Apt No. 101	
7f. Zip Code 08075		7g. Inside City <input type="checkbox"/>	
8b. Ever in US Armed Forces No		8c. If Yes, Name of War None	
8d. War Service Dates (From/To) None		8e. War Service Discharge None	
9. Domestic Status at Time of Death Married		10. Name of Surviving Spouse/Partner (Name, Date of birth or an birth certificate) Barry F Mack	
11. Father's Name (First, Middle, Last) Alfred C Grover		12. Mother's Name Prior to First Marriage (First, Middle, Last) Dorothy Cubber	
13a. Name of Informant Barry F Mack		13b. Relationship to Decedent Spouse	
13c. Mailing Address (Street and Number, City, State, Zip Code) 42 Amherstfield Dr, Delran, NJ 08075		14. Method of Disposition Burial	
15. Place of Disposition (Name of cemetery, crematory, other) Lakeview Memorial Park		16. Location, City & State/Foreign Country Cinnaminson Township, New Jersey	
17. Name and Complete Address of Funeral Facility Brover-Givnish Funeral Home, 1200 Rte 5130, Cinnaminson, NJ 08077-3008		18. NJ License Number 23JP0040650003	
19. Electronic Signature of Funeral Director John J. McGlone		20. Decedent Education High school graduate, GED completed	
21. Decedent of Hispanic Origin <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. Decedent Race Not Spanish / Hispanic	
23. Occupation of Decedent (Type of work done most of life, even if retired) Scholar Systems Analyst		24. Kind of Business/Industry Toy Manufacturing	
25. Name and Address of Last Employer YES Toys, NJ		26. Date Pronounced Dead (Mo/Day/Yr) 10/25/2013	
27. Time Pronounced Dead (24-hr) 1833		28. Name of Person Pronouncing Death Susan Constantine	
29. License Number 28NR084392005		30. Date Signed (Mo/Day/Yr) 10/25/2013	
31. Date of Death (Mo/Day/Yr) 10/26/2013		32. Time of Death (24-hr) Approx 933	
33. Was Medical Examiner/Coroner Contacted? No		34. Place of Death Decedent's Home	
35a. Facility Name (If not institution, give street and number) 42 Amherstfield Dr, Delran, NJ		35b. Municipality Delran Township	
35c. County Burlington		35d. State None	
36a. PART I - IMMEDIATE CAUSE - final disease, or condition resulting in death. Subsequently list conditions, if any, leading to the cause (see line 3. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). ASPIRIN a. Circles b. Renal Failure c. Congestive Heart Failure d. Neuropathy			
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. e. unknown f. unknown g. unknown h. unknown			
37. Was an Autopsy Performed? No		38. Were Autopsy Findings Available? Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr) None		40. Time of Injury (24-hr) None	
41. Place of Injury (not hospital, construction site, restaurant) None		42. Injury at Work? None	
43a. Location of Injury (Number and Street, Zip Code) None		43b. Municipality None	
43c. County None		43d. State None	
44. Describe How Injury Occurred None		45. If Transportation Injury? None	
46. Manner of Death Natural		47. Did Decedent Have Diabetes? No	
48. Did Decedent Contribute to Death? Unknown		49. If Female, Previous State Not pregnant within the past year	
50. Certifier Type Certifying Physician		51. Name, Address, and Zip Code of Certifier Scott M. Dorfner Dorfner Family Medicine 1105 Sunset Road, Burlington, NJ 08016-2280	
52. Electronic Signature of Certifier Scott M. Dorfner		53. License Number 25MB03831000	
54. Date Certified (Mo/Day/Yr) 10/28/2013		55. District No. v0947	
56. Electronic Signature of Medical Registrar Pamela M. McDonald		57. Date Received 10/28/2013	
58. Medical Registrar ID Number 1620018		59. Message ID Number None	

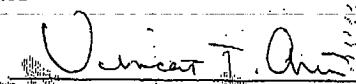
DATE ISSUED: **October 29, 2013**

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied
from a record on file in my office:

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Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.


Vincent J. Amico
State Registrar
Office of Vital Statistics and Registry